



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/676,628 Confirmation No.: 7844  
Applicant : Ying Wen Hsu  
Filing Date : 09/30/2003  
Title : LOW LOSS OPTICAL SWITCHING SYSTEM  
Group Art Unit : 2883  
Examiner : Lepisto, Ryan  
Docket No. : 16131.4002 (formerly 703427.4002)  
Customer No. : 34313

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated February 25, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$0.00

☒ If an additional extension of time is required, please consider this a petition therefor.

CERTIFICATE OF MAILING  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: May 24, 2005

Karen Johnson

Applicant : Ying Wen Hsu  
 Appl. No. : 10/676,628  
 Examiner : Lepisto, Ryan  
 Docket No. : 16131.4002 (formerly 703427.4002)


Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
 B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	5	-	17	=	0	x	\$50.00	\$0.00
Independent Claims	2	-	3	=	0	x	\$200.00	\$0.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>	34	-	100	=	0	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
Terminal Disclaimer								\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								<b>\$0.00</b>
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/>								\$0.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>								<b>\$0.00</b>

Respectfully submitted,

Dated: May 24, 2005

By:   
 Mark Stirrat  
 Reg. No. 50,756

Orrick, Herrington & Sutcliffe LLP  
 4 Park Plaza, Suite 1600  
 Irvine, CA 92614-2558  
 Telephone: 949-567-6700  
 Facsimile: 949-567-6710  
 Customer Number: 34313



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**AMENDMENT**

Sir:

In response to the Office Action mailed February 25, 2005, please amend the application as follows:

Please note that the docket number has changed. The new docket number is 16131.4002.

Amendments to the claims begin on page 2 of this paper.


Remarks begin on page 4 of this paper.

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37 CFR §1.8

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Dated: May 24, 2005

  
Karen Johnson

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